State Elected Officials Financial Disclosure W.S. 9-13-101 through 109

This form can be accessed on the Secretary of State's Website at: http://soswy.state.wy.us/Forms/Ethics/ElectedOfficialsEthicsDisclosureForm.pdf

In accordance with W.S. 9-13-101 - 109, each of the state's five elected officials and each member of the Wyoming legislature shall file a financial disclosure form with the Secretary of State. This includes elected officials and legislators who have not sought re-election but have served in an elected position during the previous filing period.

The financial disclosure form shall contain information current as of January 15th of each year.

As prescribed in W.S. 9-13-108(b), forms may be submitted by electronically by facsimile transmission at (307) 777.7640, or by e-mail to: **elections@wyo.gov**.

Anyone violating the provisions of the Government Ethics Act is guilty of a misdemeanor punishable upon conviction by a fine of not more than one thousand dollars (\$1,000.00). W.S. 9-13-109(a).

Violation of any provision of the Government Ethics Act constitutes sufficient cause for termination of a public employee's employment or for removal of a public official or public member from his office or position. W.S. 9-13-109(b).

FILING DEADLINE:

January 31st of each year

FILING OFFICE:

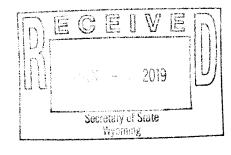
Secretary of State's Office - Election Division

2020 Carey Ave., Ste 600

Cheyenne, WY 82002

E-mail: elections@wyo.gov

Fax: (307) 777.7640



State Elected Official Financial Disclosure Form

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	Name of Official:	M	ile lin		
	Office Held:	_\$+	tate Representative		
		Senate District (if applicable):			
		House D	District (if applicable): 16		
	Business Address:	-			
`	Business City, State a	nd Zip:			
	Business Phone:				
	Home Address:		65 Virginian La Unit 65-6 #13469	-	
	Home City, State and	l Zip:	65 Virginian (n Unit 65-6 #13469 Jackson, WY 83001	-	
	Home Phone:		(307) 201-9897		

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

Office Held	Name and Address of Enterpris
NA.	
ℓ	
List any directorship positions held in busing	ness enterprises.
Name of Enterprise	Address of Enterprise
N/I &	
,	
	·
Salaried Employment	
Job Title	Name and Address of Enterpr
Senior Software Engineer	Myfizza Technologies, 1.
Senior Software Onglicon	11 Ol
	dea Slice
	902 Broadway
	19th Floor
	19th Floor New York, NY 1001

II. Sources of Income

(Please use additional sheets as necessary.)

a)	Employment Name of Employer	Address of Employer
	My Pizza Technologies, Inc.	902 Broadway 19th Fl New York, NY 10010
b)	$1 \cdot 1 \cdot$	sses of all business entities in which you have a "Name and address of all business entities but 0%) of the entity is owned, or sole proprietorship
	Name of Business Entity	Address of Business Entity
c)	Investments	Income Earned
	A. Any security or interest earnings	Yes No
	B. Real estate, leases, royalties	Yes No
d)	Other (describe generally):	
	this 4th day of January	, 2019, I affirm that the preceding
info	ormation is accurate.	AM Signature